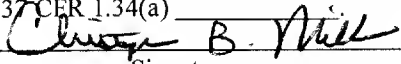


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 28091/220										
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	<p style="text-align: center; margin: 0;">In re Application of Kaal et al.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/587,705</td> <td style="width: 40%; padding: 2px;">Filed October 3, 2006</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For RETRACTABLE SYRINGE WITH PLUNGER DISABLING SYSTEM</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 50%; padding: 2px;">Group Art Unit 3763</td> <td style="width: 50%; padding: 2px;">Examiner Diva Ranade</td> </tr> </table>		Application Number 10/587,705	Filed October 3, 2006	For RETRACTABLE SYRINGE WITH PLUNGER DISABLING SYSTEM		Group Art Unit 3763	Examiner Diva Ranade				
Application Number 10/587,705	Filed October 3, 2006											
For RETRACTABLE SYRINGE WITH PLUNGER DISABLING SYSTEM												
Group Art Unit 3763	Examiner Diva Ranade											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="text-align: right;">\$130.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">  _____ Signature </p> <p style="text-align: center;">Christopher B. Miller, Reg. 48,398</p> </div> <div style="width: 45%;"> <p style="text-align: center;"> _____ Date </p> <p style="text-align: center;">July 9, 2010</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;"> _____ Typed or printed name </p> </div> <div style="width: 45%;"> <p style="text-align: center;"> _____ Telephone Number </p> <p style="text-align: center;">(585) 263-1428</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$130.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$130.00											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____											
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.												

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450